

DEPT. OF COMMERCE
BUREAU OF CENSUS
SEP 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27026
6818

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3512 VICTOR ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

3. (a) PRINT
FULL NAME

GENEVIEVE FOGARTY

3. (b) If veteran,

name war NO

3. (c) Social Security

No. NO

4. Sex FEMALE

5. Color or
race WHITE

6. (a) Single, widowed, married,
divorced MARRIED

6. (b) Name of husband or wife
EDWARD F. FOGARTY

6. (c) Age of husband or wife it
alive 62 years

7. Birth date of deceased

DECEMBER 3 1880
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

60 8 17 hr. min.

9. Birthplace

ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation

HOUSEKEEPER
OWN

11. Industry or business

12. Name MICHAEL KELLY

13. Birthplace

IRELAND
(City, town, or county) (State or foreign country)

14. Maiden name

BRIDGET BURKE

15. Birthplace

IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant

Edward F. FOGARTY

(b) Address

3512 VICTOR

17. (a)

BURIAL
(Burial, cremation, or removal)

(b) Date thereof

AUG 23 1941
(Month) (Day) (Year)

(c) Place: burial or cremation

CALVARY CEM.

18. (a) Signature of funeral director

E. J. Schnur

(b) Address

3125 Lafayette Ave.

19. (a)

AUG 22 1941
(Date received local registrar)

(b)

[Signature]
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 17/1
(If outside city or town limits, write "RURAL")
(d) Street No. 3512 VICTOR ST
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1941 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from 8/20/41 to 8/20/41
that I last saw h. alive on 8/20/41
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral hemorrhage 10 min

Due to

Arteriosclerosis 99

Due to

Hypertension 200+

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature [Signature] (M. or other)

Address 4439 San Francisco Date signed 8/21/41

(Licensed Embalmer's Statement on Reverse Side)

Signature me U.S.N.A.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

06
17
9

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Jose B. Vollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.